

**TAMALA HOLLAND**  
**PARALEGAL SPECIALIST**  
**DESIGNATED OFFICE**  
**703-5403**

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.		FILING DATE	
						APPLICANT(S)			
						CLAIMS			
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/				51			
2	/	/				52			
3	2	/				53			
4	(1)					54			
5	(1)					55			
6	(1)					56			
7	(1)					57			
8	(1)					58			
9	(1)					59			
10	(1)					60			
11	(1)					61			
12	(1)					62			
13	(1)					63			
14	(1)					64			
15	(1)					65			
16	(1)					66			
17	(1)					67			
18	(1)					68			
19	(1)					69			
20	(1)					70			
21	(1)					71			
22	(1)					72			
23	(1)					73			
24	(1)					74			
25	(1)					75			
26	(1)					76			
27	(1)					77			
28						78			
29						79			
30						80			
31						81			
32						82			
33						83			
34						84			
35						85			
36						86			
37						87			
38						88			
39						89			
40						90			
41						91			
42						92			
43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
TOTAL IND.						TOTAL IND.			
TOTAL DEP.						TOTAL DEP.			
TOTAL CLAIMS						TOTAL CLAIMS			